PART B - FEE(S) TRANSMITTAL

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ere as for

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| 2)186 75 | | pap | Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | | |
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| P.O. BOX 2938 | LUNDBERG, WOE | SONER & K | LUIH, P. | A. | Cei | rificate of M | ailing or Tran | smission | |
| MINNEAPOLIS, N | AN 55402 | | Stat add tran | I hereby certify that this Fee(s) Transmittal is being deposited w States Postal Service with sufficient postage for first class mail in addressed to the Mail Stop ISSUE FEE address above, or but transmitted to the USPTO (703) 746-4000, on the date indicated | | | | | |
| | | | | | Yulandra | Y. Wa | shingt | on (Depositor) | $\overline{}$ |
| | | | | | | | | (Sig | Sustais) |
| | | | | | | | | | (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAME | D INVENTOR | | ATTORNEY | DOCKET NO. | CONFIRMATION N | = |
| 09/663,914 | 09/18/2000 | A | delmo Mons | alve-Gonzale | 2 | | 346 | 4221 | <u>".</u> |
| TITLE OF INVENTION: BI | LEACHED BRAN AND BE | AN PRODUCTS | AND METH | ODS OF PRI | EPARATION | · | | 7411 | |
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| APPLN. TYPE | CALALL CUSTOM | | | | | | | | |
| | SMALL ENTITY | issue f | 1 | | TOTAL FEE(S) D(JE | | DATE DUE | | |
| nonprovisional | NO | \$1330 |) | \$0 | | \$1330 | | 12/28/2004 | |
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| Change of correspondence CFR 1.363). | address or indication of "Fe | e Address" (37 | | | atent front page, lis | | Tohn | A. 0'Too | 1.0 |
| Change of corresponds | Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | | 3 registered paten rely. | • • | - | | |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (2) the name of a single firm (having as a registered attorney or agent) and the name 2 registered patent attorneys or agents. If r listed, no name will be printed. | | | member a es of up to no name is | | ara L. Cla las J. Ta | |
| S. ASSIGNEE NAME AND | RESIDENCE DATA TO B | PRINTED ON T | | | | | | | |
| PLEASE NOTE: Unless recordation as set forth in | an assignee is identified be 37 CFR 3.11. Completion of | low, no assignee of this form is NO | data will app | car on the pa for filing an a | etent. If an assigne essionment | e is identific | d below, the d | locument has been file | ed for |
| (A) NAME OF ASSIGNE | | | | | STATE OR COU | | • | | |
| General N | Mills, Inc. | | Go 1 d | len Va | lley, MN | | | | |
| | assignee category or categor | ies (will not be pri | nted on the pa | atent): | Individual 🛣 Co | moration or | other neivate on | oun matity Dicamon | |
| la. The following fec(s) are e | nclosed: | | Payment of | | | . poranon or | Anct private gi | oup chary Ca Govern | шеп |
| lssue Fee | | | A check i | n the amount | of the fee(s) is enc | losed. | | | |
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| Advance Order - # of | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Depusit Account Number 07-0900 (enclose an extra copy of this form). | | | | | | | | |
| . Change in Entity Status (| from status indicated above) | | | | _07_00 | (CI) | LIUSE AII CXIIA C | opy or this torm). | |
| | IALL ENTITY status, See 3 | | 🗓 b. Applic: | ant is no long | er claiming SMAL | L ENTITY s | tatus. See 37 C | FR 1.27(g)(2). | |
| The Director of the USPTO is NOTE: The Issue Fee and Pul nterest as shown by the recor | requested to apply the Issurblication Fee (if required) was of the United States Pate | Fee and Publicat | on Fee (if an | y) or to re-app other than th | ply any previously e applicant; a regis | paid issue forced attorne | e to the applica y or agent; or th | tion identified above. ne assignee or other par | ary in |
| Authorized Signature | | 9 5000 | | | | 12/5 | 7/04 | | |
| Addition ized Signature | | | | | Date | | | | |

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| 0 | Application Number 09/663,914 | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| NEC 3 0 2004 8 | Filing Date | September | 18, 2000 | | | | |
| 12. | First Named Inventor | MONSALVE | E-GONZALEZ, ADELMO | | | | |
| TEAD MANUALT | Art Unit | 1761 | | | | | |
| (to be used for all correspondence after | Examiner Name | THUY TRAN | N LIEN | | | | |
| Total Number of Pages in This Submis | Attorney Docket Number | 5346USA | | | | | |
| ENCLOSURES (check all that apply) | | | | | | | |
| Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) | Amendment / Reply After Final Affidavits/declaration(s) Licensing-rel Petition Petition to Control Provisional A | | | owance Communication to Group Communication to Board als and Interferences Communication to Group Notice, Brief, Reply Brief) ary Information | | | |
| Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Documents Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or | orney, Revocation correspondence claimer Refund cape Table on CD | Status Letter Other Enclosure(s) (please identify below): Notice of Allowance and Fees Return Postcard | | | | | |
| SIGN | ATURE OF APPL | ICANT, ATTORNEY, OF | R AGENT | | | | |
| Firm Name GENERAL MILLS | S | | | | | | |
| Signature John G.O' Lod6 | | | | | | | |
| Printed Name JOHN A. O'TOOLE | | | | | | | |
| Date December 27, 20 | | Reg. No. 2 | 8,336 | | | | |
| CERTIFICATE OF TRANSMISSION/MAILING | | | | | | | |
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| Typed or printed name Yulangka Washington Date December 27, 2004 | | | | | | | |

Application Number

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PTO/SB/17 (11-04)

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| Effective on 10/01/2004. Patent fees are subject to annual revision. | | | Complete if Known | | | | | | | |
| FEE TRANSMITTAL | | | Δ | pplication Number | 09/663,914 | | | | | |
| | | | Fi | ling Date | September 18, 2000 | | | | | |
| | | | First Named Inventor | | MONSALVE-GONZALEZ ADELMO | | | | | |
| | | | | E | xaminer Name | THUY, T | RAN LIE | N | | |
| Applicant claims sma | II entity st | atus. See 37 Cl | FR 1.27 | Aı | rt Unit | 1761 | | | | |
| | | | | ttorney Docket No. | 5346USA | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | FEE CALCULATION (continued) | | | | | |
| Check Credit Card Money Order | | | | 2. EXTRA CLAIM FEES Small Entity | | | | | | |
| Deposit Account None | | | | | Fee Description Fee (\$) Fee (\$) Each claim over 20 18 9 | | | | | |
| Deposit | | | | | Each independent | | 3 | 88 | 44 | |
| Account 07-0900 |) | | | | Multiple dependent claims 300 150 | | | | | |
| Deposit Account | | | | | For Reissues, each claim over 20 and more than in the original patent 18 9 | | | | | |
| Name | | | | | For Reissues, each independent claim | | | | | |
| The Director is hereby aut | horized to | o: (check all that | t apply) | , | more than in the original patent 88 44 | | | | | |
| Charge fee(s) indicated below | | | | , | Total Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | |
| Charge fee(s) indicated below, except for the filing fee | | | | | HP = highest number of total claims paid for, if greater than 20 | | | | | |
| Charge any additional fee(s) or underpayments of fee(s) | | | | s) | Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP = x = x HP = highest number of independent claims paid for, if greater than 3 | | | | | |
| under 37 CFR 1.16 and 1.17 | | | | | Multiple Dependent Claims Fee (\$) Fee Paid (\$) | | | | | |
| Credit any overpayments | | | | | | | | _ | | |
| to the above–identified deposit account. | | | | | Subtotal (2) \$ | | | | | |
| Other (please identify): | | | | 3. OTHER FEES | | | mall En | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card | | | 1 | Fee Description 1-month extension or | f time | Fee (\$) 110 | Fee (\$) 55 | Fee Paid(\$) | | |
| information and authorization | CALCU | | | - | 2-month extension of | f time | 430 | 215 | | |
| | OALOO! | LATION | | | 3-month extension of | | 980 | 490 | | |
| 1. BASIC FILING FEE | | Small Entity | | | 4-month extension of | | 1,530 | 765 | | |
| Fee Description | Fee (\$) | | Fee Paid(\$ | 1 | 5-month extension of Information disclosu | | 2,080 180 | 1,040 180 | | |
| Utility Filing Fee | 790 | 395 | | | 37 CFR 1.17(q) proc | | 50 | 50 | | |
| Design Filing Fee | 350 | 175 | | | Non-English specific | - | 130 | 130 | | |
| Plant Filing Fee | 550 | 275 | | | Notice of Appeal | | 340 | 170 | | |
| Reissue Filing Fee | 790 | 395 | | | Request for oral hear | - | 300 | 150 | | |
| l | | | | | Other: Notice of Alle | | | •\ | <u>\$1,400</u> | |
| Provisional Filing Fee | 160 | 80 | | | | Sub | total (3 | 5) \$ <u>1,4</u> | <u>100.00</u> | |

| SUBMITTED BY | | | |
|-------------------|-----------------|------------------------------------------|--------------------------|
| Signature | John a.D' Foot | Registration No. (Attorney/Agent) 28,336 | Telephone (763) 764-2422 |
| Name (Print/Type) | John A. O'Toole | | Date 12/27/04 |

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